

COMPARING types of SEX EDUCATION

SRR SEXUAL RISK REDUCTION

Risk reduction via
contraceptive use,
especially condoms

FOCUS

Risk elimination
through information
and skills to achieve
optimal health

SRA SEXUAL RISK AVOIDANCE

Contraception
and consent
make teen sex
acceptable.

Negative emotional and
physical consequences
and life impact are
minimized or ignored.

Teens are going to
have sex anyways.
Teen sex is normalized
as an expectation.

PHILOSOPHY

Teen sex is a risk
behavior, even with
contraception and
consent.

Negative emotional
and physical
consequences are
addressed in the
context of life impact.

Teens can and do
choose to refrain from
sexual activity. CDC
data: the majority of
teens have not had sex!

Mixed. Either abstinence or "protected" sex are equally good
choices. "Sex when you're ready" is encouraged.

MESSAGE

Clear. For optimal sexual health, sexual delay is the only
100% effective way to avoid pregnancy, STIs/STDs, and
other negative consequences of teen sex.

Promotes
contraceptive
use as the
primary
message.

Curricula spends less
than 5% of page content
on risk avoidance and 6x
more content promoting
contraceptive use.

Contraceptive
information is medically
inaccurate by portraying
contraception use as
making sex "safe."

EMPHASIS

Prioritizes sexual
delay until mutually
monogamous
relationship such as
marriage.

Curricula spends
50% of page
content promoting
sexual risk
avoidance.

Medically accurate
information on
contraception is taught,
ensuring teens know
contraception reduces but
does not eliminate risk.

Normalizes
teen sex.

Increased contraceptive
use, especially condoms.

BEHAVIORAL GOAL

Delayed sexual initiation,
preferably until mutually
monogamous lifelong
relationship such as marriage.

Sex cessation for the
sexually experienced
teen to return to a
risk-free status.